



COVID-19 DECLARATION

A separate copy of this declaration must be completed and signed by each person (or a parent/guardian in the case of each child) attending a Comhaltas Ceoltóirí Éireann activity. This form and its details will be treated with the strictest of confidence and in full accordance with GDPR requirements.

Name of Teacher (IN BLOCK CAPITALS): _____

Name of Child (IN BLOCK CAPITALS): _____

Parent/Guardian Name (IN BLOCK CAPITALS): _____

Contact phone number: _____

I declare that I:

- (a) have read and understood the Covid-19 Guidelines for Comhaltas Activities and agree that I (or the above name child) will abide by these guidelines and any future amendments communicated to me;
- (b) understand and accept the risks posed by Covid-19 to me personally (or the above name child);
- (c) agree to wear Personal Protective Equipment as required.
- (d) consent to attendance records and contact details (name and phone number given above, which I will update if changed) being released for the purposes of HSE authorised contact tracing; and
- (e) undertake that I (or the above name child) will **NOT** attend Comhaltas activities if I (or my child) have:
 - had any of the Covid-19 symptoms in the past 14 days (i.e. cough, fever, high temperature, sore throat, loss of taste or smell, runny nose, breathlessness or flu like symptoms);
 - been diagnosed with confirmed or suspected Covid-19 infection in the past 14 days;
 - been a close contact of a person who is a confirmed or suspected case of Covid-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes altogether in 1 day); or
 - been advised by a doctor or required by Government regulation to self-isolate or cocoon at this time.

Signature: _____

Of the person named above
(or a parent/guardian in the case of a child)

Date: _____